

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-015004

STATE FILE NUMBER

MAY 1 1959 Registration District No. Primary Registration District No. Registrar 2 3624

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St Louis Mo</u>		c. CITY OR TOWN <u>St Louis</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St John Hospital</u>		d. STREET ADDRESS (If outside, give location) <u>5958 Harney ave</u>	
3. NAME OF DECEASED (Type or print) First <u>Peter also known as Pete</u> Last <u>Gherardi</u>		4. DATE OF DEATH Month <u>4</u> Day <u>11</u> Year <u>59</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>2-25-82</u>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Labor</u>		9b. KIND OF BUSINESS OR INDUSTRY <u>Terrazza</u>	9c. AGE (In years last birthday) <u>77</u> IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Labor</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Terrazza</u>	10c. BIRTHPLACE (City and state or country) <u>Italy</u>
11. BIRTHPLACE (City and state or country) <u>Italy</u>		12. CITIZEN OF WHAT COUNTRY? <u>Yes</u>	
13a. FATHER'S NAME <u>Vincenzo Gherardi</u>		13b. MOTHER'S MAIDEN NAME <u>Theresa Cartagini</u>	
14. NAME OF HUSBAND OR WIFE <u>Maria or Mary</u>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no none</u>	
16. SOCIAL SECURITY NO. <u>493-05-9275</u>		17. INFORMANT <u>Maria or Mary Gherardi</u> Address <u>5958 Harney</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral thrombosis</u> <u>arteriosclerosis</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) <u>332x</u>		INTERVAL BETWEEN ONSET AND DEATH <u>7 days</u> <u>10 yrs +</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. Month, Day, Year p.m.		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <u>4/4/59</u> to <u>4/11/59</u> and last saw him alive on <u>4/11/59</u> Death occurred at <u>10:45 AM</u> <u>10:45 A.M.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE <u>Albert J. Sansone</u> (Free or title) M.D. <input type="checkbox"/> 22b. ADDRESS <u>8321 N. Broadway</u> 22c. DATE SIGNED <u>4/13/59</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>4-14-59</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>St Louis Mo</u>	
24. FUNERAL DIRECTOR <u>JOHN STYGAR & SON</u> ADDRESS <u>5541 RIVERVIEW BLVD.</u>		25. DATE RECD. BY LOCAL REG. <u>APR 13 '59</u>	
26. REGISTRAR'S SIGNATURE <u>Loan Smith. M.D.</u>		27. M. 8. 13	

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed *W. R. Rister*

Licensed Embalmer No. 3980
P. O. Address St Louis, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.